

Abortion Rates for Women and for Teens Continue to Show a Downward Trend

Legal induced abortion is one of the most frequently performed surgical procedures in the United States. Among the 1.2 million women of childbearing age (15–44 years) in Washington State, 25,965 had abortions in 1999, nearly a 15% decline from the record high of 30,452 abortions in 1989. Abortion rates for teens (15–17 years) also continue a downward trend from the high of 35.1 per 1000 teens in 1980 to 18.4 in 1998 and 16.6 in 1999.

These trends are significant because abortion rates are a major component of the unintended pregnancy equation. Also encouraging is a continuing decline in unintended pregnancies among Washington teens aged 15–17, from a rate of 42.6 per 1000 in 1998 to 39.2 per 1000 in 1999.

Reducing unintended pregnancies is an important public health goal, as is ensuring that women obtaining abortions are receiving safe and adequate care. These are among the important reasons the Department of Health maintains an abortion reporting system to collect annual data from abortion providers across the state.

The department also uses data from Certificates of Live Birth and Certificates of Fetal Death to prepare this report. In addition, voluntary cooperative arrangements among vital records offices in most states and Canadian provinces allow the department to compile data on numbers of state residents obtaining abortions elsewhere.

The department uses such data to address issues related to family planning,

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DOH Proposes Staged Influenza Vaccination Schedule

As summer turns to fall, it's time again to consider influenza prevention. The Department of Health, in collaboration with private and public partners, has developed an Influenza (Flu) Vaccination Prioritization Plan for the 2001–2002 season (Table, p. 2). The plan is based on the most current guidelines from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Supplies of flu vaccine are

sufficient for the state's needs but shipments may arrive later than usual. A staged vaccination schedule is necessary to ensure that persons at highest risk of complications from influenza are vaccinated first.

This plan applies to all facilities that may provide a site for or directly provide influenza vaccination services in Washington, including, but not limited to health care providers, health care and long-term care facilities, retail stores, pharmacies, work sites, and vaccination vendors.

The Prioritized Vaccination Schedule recommends the following:

- Vaccinate high-risk persons first.
- Add pneumococcal vaccination for high-risk children and adults.
- Continue vaccinations through January.

- High-risk children and adults (aged 65 years and older, those with chronic illnesses such as heart and lung disease, diabetes, asthma, renal dysfunction, hemoglobinopathies, immunosuppression, and

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Guidelines in Brief

Influenza (from page 1)

For More Information

Flu vaccine information is available at: www.doh.wa.gov/cfh/immunize/

women in the second or third trimester of pregnancy) should seek a flu shot in October and continue to seek vaccination through January.

- Health care providers, residents and staff of long-term care facilities, and household members (including children) of persons in high-risk groups should seek a flu shot in October and continue to seek vaccination through January.

- Generally healthy children and adults under age 65 years should wait until November to seek vaccination.

- Everyone wanting to avoid flu should be encouraged to seek a flu shot from November through January.

- It is never too late to seek a flu shot.

A general medical recommendation is that the high-risk adults listed above receive a one-time pneumococcal pneumonia vaccination (PPV23). High-risk children should receive PCV7 and/or PPV23 according to ACIP recommendations.

DOH is working with the Immunization Action Coalition of Washington to ensure vaccine availability in Washington through agreements among both private and public providers. Dr. Maxine Hayes, state health officer, is asking cooperation from large employers and retailers in following the staged vaccination schedule. ♦

TABLE: Washington State Influenza Vaccination Priorities, 2001–2002

Category 1 Highest risk for serious influenza-related complication include:

- Persons 65 years of age or older
- Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems including children with asthma
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases including diabetes mellitus, renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)
- Children and teenagers (age 6 months to 18 years) who are receiving long-term aspirin therapy that might put them at risk for developing Reye syndrome after influenza
- Women who will be in the second or third trimester of pregnancy during the influenza season

Category 2 Those who provide direct care to persons in Category 1 including:

- Physicians, nurses, and other staff in hospital and outpatient settings who provide direct patient care
- Employees of nursing homes and chronic-care facilities who have direct contact with patients in high-risk groups or who provide direct care to residents
- Providers of home care to persons at high risk (e.g., visiting nurses and volunteer workers)
- Household members (including children) of persons in high-risk groups

Category 3 Otherwise healthy persons age 6 months and older who wish to reduce their likelihood of becoming ill with influenza such as:

- Students and other persons in institutional settings (e.g., college students residing in dormitories)
- Employees of health care facilities who do not provide direct patient care
- Persons who provide essential community services
- Healthy persons in the workplace
- Others

2000 Surveillance Data Show Increases in AIDS, Chlamydia, Gonorrhea, and Shigellosis

The table on page 3 presents a summary of surveillance data for 2000. Major findings include:

- 27% increase in AIDS cases from 1999, likely reflecting laboratory reporting of asymptomatic cases and increased attention to surveillance, but fewer deaths;
- increases in *Chlamydia* and gonorrhea;
- increases in shigellosis, partly attributable to a large outbreak, and in *E. coli* O157:H7;
- continued decline in hepatitis A, following a national pattern;
- decrease in pertussis.

Newly reportable diseases in 2000 included cryptosporidiosis, cyclosporiasis, diseases of suspected bioterrorism origin, hantavirus, hemolytic uremic syndrome, initial diagnosis of chronic hepatitis B or hepatitis C, and invasive group A streptococcal infections. Acute pelvic inflammatory disease, amebiasis, Kawasaki syndrome, leprosy, nongonococcal urethritis, pseudomonas folliculitis, and staphylococcal toxic shock syndrome are no longer reportable in Washington.

A copy of the report is available from: Office of Epidemiology, Washington State Department of Health, 1610 NE 150th Street, Shoreline, WA 98155-7224; or contact function@u.washington.edu.

Annual Surveillance Data by County, 2000

Washington State Department of Health

County	E. coli O157:H7	Salmonella	Shigella	Campylobacter	Hepatitis A	Hepatitis B	Non-A, Non-B Hepatitis	Meningococcal Disease	Pertussis	Tuberculosis	Chlamydia	Gonorrhea	Syphilis	AIDS
Adams	0	0	0	1	0	0	0	0	0	1	29	2	0	0
Asotin	0	1	2	0	1	0	0	1	0	0	20	0	0	0
Benton	5	17	3	19	3	0	0	0	4	3	306	6	0	5
Chelan	3	6	3	11	8	0	0	0	2	0	118	6	1	1
Clallam	2	1	1	3	0	0	0	0	1	2	79	7	0	6
Clark	20	33	9	50	28	4	6	8	12	6	646	86	1	17
Columbia	1	0	0	0	0	0	0	1	0	0	4	0	0	0
Cowlitz	1	12	3	12	8	5	4	2	1	6	122	9	1	6
Douglas	0	1	1	5	4	0	0	0	0	1	52	4	0	0
Ferry	0	0	0	2	0	0	0	0	0	0	9	2	0	0
Franklin	1	1	1	4	5	0	0	0	0	6	189	1	0	4
Garfield	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Grant	2	6	3	11	15	2	0	2	1	3	143	7	0	0
Grays Harbor	3	2	1	11	2	1	0	2	0	1	111	2	0	4
Island	0	15	13	1	1	1	0	0	10	0	116	11	0	1
Jefferson	0	5	4	1	5	0	0	0	0	1	32	0	1	2
King	67	200	155	331	98	44	12	18	192	127	4495	1222	50	234
Kitsap	7	24	15	18	4	0	0	4	8	7	536	133	2	14
Kittitas	1	6	1	4	0	0	0	0	6	0	60	2	0	0
Klickitat	0	3	0	2	1	0	0	0	0	1	21	0	0	0
Lewis	0	6	7	12	1	0	1	0	1	2	64	6	0	3
Lincoln	0	0	1	2	0	0	0	0	0	0	2	1	0	1
Mason	3	2	5	7	2	2	2	2	3	1	109	8	0	6
Okanogan	2	2	4	5	5	0	0	1	12	2	78	2	0	2
Pacific	1	0	0	2	0	0	0	0	0	0	13	0	0	1
Pend Oreille	0	2	0	1	0	0	0	0	0	0	6	0	0	0
Pierce	21	62	40	60	10	26	5	7	79	34	2073	536	5	63
San Juan	0	0	0	3	7	0	0	0	19	1	14	0	0	2
Skagit	4	15	8	25	10	1	0	4	9	0	180	6	0	1
Skamania	0	0	0	0	0	1	0	1	0	0	5	1	0	0
Snohomish	29	71	30	107	23	6	1	2	43	21	1115	108	1	29
Spokane	22	34	15	79	11	22	5	1	7	14	688	108	0	37
Stevens	0	1	0	0	0	0	0	0	0	0	31	1	0	3
Thurston	14	22	11	40	14	6	2	1	9	2	401	33	0	11
Wahkiakum	0	0	0	0	0	0	0	0	0	0	4	0	0	1
Walla Walla	3	10	1	5	9	0	0	0	1	2	84	1	0	5
Whatcom	19	29	6	51	3	5	1	5	11	3	238	12	1	4
Whitman	0	9	1	6	2	1	0	0	0	1	64	4	0	3
Yakima	6	61	157	115	20	5	5	9	27	10	808	92	3	12
Unknown														
2000	237	659	501	1006	298	132	44	71	458	258	13,066	2419	66	478
1999	186	792	172	950	505	111	24	93	739	258	11,964	2132	77	377



WWW Access Tips

Abortion data are available at: <http://www.doh.wa.gov> (see Health Data)

Definitions

Abortions — induced termination of a pregnancy

Pregnancy — the sum of abortions, live births, and fetal deaths reported to the state. This figure slightly underestimates the actual number of pregnancies because reporting of fetal deaths is required only for gestational ages of 20 weeks or more. Thus, early fetal deaths (commonly called miscarriages) are not included in the total.

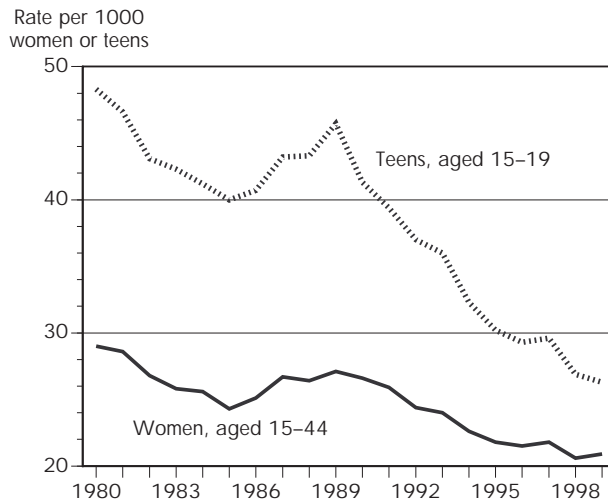
Abortion Data *(from page 1)*

maternal and child health, and access to and quality of health care. These data are also critical for establishing pregnancy rates by age. Many DOH divisions and outside agencies use age-related pregnancy data for policy development and program planning and evaluation.

Data for 1999 reveal about 21 abortions for every 1000 women of childbearing age across the state. Among Washington's 39 counties, King County had the highest abortion rate of 27 per 1000 women. Pierce County followed with a rate of 25 per 1000 women. Stevens and Skamania counties had the lowest rates with fewer than seven abortions per 1000 women. Data also indicate that abortions performed by trained physicians are among the safest surgical procedures. Of 26,325 abortions performed in Washington in 1999, complications were reported for only 185 procedures—a rate of 7 per 1000.

Confidentiality of data and information has always been a priority concern for the Department of Health. The Pregnancy and Induced Abortion Statistics report presents all data in aggregate form, which means that individuals cannot be identified from the data. The Report of Induced Termination of Pregnancy does not request personal information such as name and address. Also, the Washington Administrative Code (WAC 246-490-110) stipulates that information disclosed from the abortion reporting system cannot identify any individual or facility. For more information see WWW Access Tips.

FIGURE 1: Decline in abortion rates for women aged 15–44 and teens aged 15–19



Source: 1999 Washington State Pregnancy and Induced Abortion Statistics, Table 3

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